

**Monroe County Dental Society**  
255 Woodcliff Drive, Fairport, NY 14450  
Phone (585) 385-9550 Fax (585) 385-9590

**FINANCIAL GRANT APPLICATION**

This Grant is available to 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> year dental students who are permanent residents of Monroe County and who intend to enter practice in Monroe County upon completion of their training.

Date \_\_\_\_\_

I. Personal

Applicant's Name \_\_\_\_\_

Present Address (School) \_\_\_\_\_

Permanent Monroe County Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

Marital Status \_\_\_\_\_ No. of dependents \_\_\_\_\_

2. Education

Dental School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

3. Plans for Post Graduate Education? \_\_\_\_\_  
\_\_\_\_\_

4. Would you be interested in observing in a local dental practice or participating in a  
Local Mentorship Program? \_\_\_\_\_

5. Have you considered what kind of practice you would like to enter after graduation?  
( ) associate in private practice ( ) sole owner ( ) large group ( ) hospital dentistry  
( ) public health dentistry ( ) research ( ) academics ( ) other \_\_\_\_\_

6. Where do you plan to practice upon graduation? \_\_\_\_\_

7. Would you be interested in joining the MCDS upon graduation? \_\_\_\_\_

Joining the Board of MCDS? \_\_\_\_\_

Participating on one of MCDS committees? \_\_\_\_\_

General Information

The Scholarship Committee will interview eligible applicants at our district office during the Holiday Break in December if possible. We will notify of exact time and place.

Signature of Applicant \_\_\_\_\_

Completed application must be submitted to the Dean of your school.

**TO THE DEAN:**

Kindly complete this section. The committee would appreciate your evaluation of the needs of this candidate. Our funds are limited and your remarks will be helpful in our selection(s). Thank you

Comments: -

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Dean

Please return by email, fax or mail to:

Monroe County Dental Society  
255 Woodcliff Drive  
Fairport, New York 14450

Phone (585) 385-9550  
Fax (585) 385-9590  
Email: nbuckley@7dds.org

Monroe County Dental Society was  
incorporated in 1905 and is a component  
of the Seventh District Dental Society of  
the State of NY